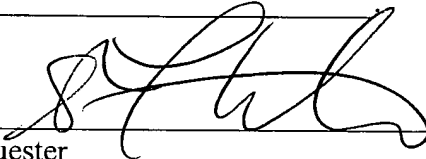




## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 1-20-05  
  
\_\_\_\_\_  
Jeffrey R. Kuester

In Re Application of:

Banker, et al.

Serial No.: 09/693,606

Filed: October 20, 2000

Confirmation No.: 8447

Group Art Unit: 2611

Examiner: Vu, Ngoc K.

Docket No.: A-6285 (191910-1250)

For: **Context Sensitive Television Menu**

The following is a list of documents enclosed:

Return Postcard  
RCE Transmittal  
Petition for Extension of Time (3 month)  
Fee Transmittal  
Form 2038 authorizing \$1810.00 for RCE and 3 month Extension of Time  
Amendment Transmittal

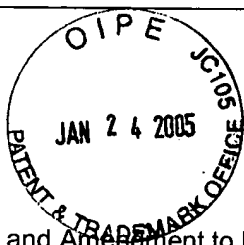
Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**

Docket No.

Applicant(s): **Banker, et al.****A-6285 (191910-1250)**Serial No.  
**09/693,606**Filing Date  
**October 20, 2000**Examiner  
**Vu, Ngoc K.**Confirmation No.  
**8447**Group Art Unit  
**2611**Invention: **CONTEXT SENSITIVE TELEVISION MENU**

Commissioner for Patents  
Mail Stop RCE  
P.O. Box 1450  
Alexandria VA 22313-1450



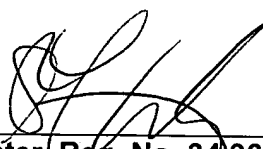
Transmitted herewith is Response and Amendment to Final Office Action, and RCE in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	24 -	24 =	0	X \$50.00	\$0
INDEP. CLAIMS	7 -	7 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$360.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input checked="" type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$1020.00
Other Fees: RCE					\$790.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1810.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$1810.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
Jeffrey R. Kuester, Reg. No. 34,3671-20-05  
Date

Effective on 12/08/2004

Paid Pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

# **FEE TRANSMITTAL** **For FY 2005**

## **Complete if Known**

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$1810.00)**

Application Number **09/693,606**  
 Filing Date **October 20, 2000**  
 First Named Inventor **Banker**  
 Examiner Name **Vu, Ngoc K.**  
 Art Unit **2611**  
 Attorney Docket No. **A-6285 (191910-1250)**

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☐ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## **FEE CALCULATION**

### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### **2. EXCESSIVE CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee(\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** -20 or HP = **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**  
 HP = highest number of total claims paid for, if great than 20 **Fee (\$)** **Fee Paid (\$)**

**Indep. Claims** -3 or HP = **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if great than 20

### **3. APPLICATION SIZE FEE**


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

**Total Sheets** -100 = **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**  
 (round up to a whole number) x x

### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) **Fee Paid (\$)**  
 Other: **RCE and 3 month extension of time** **\$1810.00**

### **SUBMITTED BY**

Typed or Printed Name	<b>Jeffrey R. Kuester</b>	Registration No.	<b>34,367</b>	Telephone Number	<b>770-933-9500</b>
Signature		Date	<b>1-20-05</b>		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2